



CONFIRMATION OF INFORMATION REQUEST

AB-233 2018-05

3rd PARTY DECLARATION AND CONTACT INFORMATION:

We, _____, hereby request
Name of Company
confirmation of examination and/or certification information for the client listed below.
Attached is their written consent to request their personal information.

Requested By:

_____	_____
Name (Print)	Signature
_____	_____
Name of Company	Date of Request (yyyy/mm/dd)
_____	_____
Tel.	Email

CLIENT INFORMATION:

_____	_____
First Name	Last Name
ABSA File Number: A- _____	Birth Date: _____ (yyyy/mm/dd)
Certificate Number: _____	

PAYMENT INFORMATION:

Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20 th Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax 437-7787 Exams Toll Free Line - 1-888-454-3926 www.absa.ca Email: exams@absa.ca	Amount:	\$147.00	<input type="checkbox"/> MC, <input type="checkbox"/> VISA, <input type="checkbox"/> AMEX
	Cardholder Name:	_____	
	Card Number:	_____	
	Expiry Date:	_____	
	Signature:	_____	